

Public Records (Scotland) Act 2011

NHS Forth Valley Assessment Report

The Keeper of the Records of Scotland

9 September 2016

Contents

1. Public Records (Scotland) Act 2011 3
2. Executive Summary [3](#)
3. Authority Background [4](#)
4. Assessment Process [4](#)
5. Model Plan Elements: Checklist [5](#)
6. Keeper’s Summary [24](#)
7. Keeper’s Determination [25](#)
8. Keeper's Endorsement 26

1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came fully into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor record keeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Executive Summary

This report sets out the findings of the Keeper's assessment of the RMP of NHS Forth Valley by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on 2 March 2016.

The assessment considered whether the RMP of NHS Forth Valley was developed with proper regard to the 14 elements of the Keeper's statutory Model Records Management Plan (the Model Plan) under section 8(3) of the Act, and whether in this respect it complies with it and the specific requirements of the Act.

The outcome of the assessment and the Keeper's decision on whether the RMP of NHS Forth Valley complies with the Act can be found under section 7 of this report with relevant recommendations.

3. Authority Background

NHS Forth Valley is governed by a Board of Directors and is accountable to the Cabinet Secretary for Health and Well-being through the Scottish Government Health Directorate. The Board controls an annual budget of £550 million, and is responsible for providing health services and improving the health for the population of Forth Valley.

NHS Forth Valley employs around 7000 staff from a wide range of professional and support occupations in an acute hospital, four community hospitals and 56 health centres.

Forth Valley has a population of nearly 300,000 and covers a geographic area from Killin and Tyndrum in the North and Strathblane and Bo'ness in the South.

4. Keeper's Assessment Process

The RMP was assessed by the Public Records (Scotland) Act Assessment Team on behalf of the Keeper. Assessors used the checklist elements listed in section 5, to establish whether NHS Forth Valley's RMP was developed with proper regard to the elements of the Model Plan and is compliant with the Act. The assessment also considered whether there was sufficient supporting evidence of such compliance.

Key:

G	The Keeper agrees this element of an authority's plan.		A	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. He will request that he is updated as work on this element progresses.		R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.
----------	--	--	----------	--	--	----------	--

5. Model Plan Elements: Checklist

Element	Present	Evidence	Notes
1. Senior Officer <i>Compulsory element</i>	G	G	<p>The Records Management Plan (RMP) is effective from 2 March 2016 and has been signed by the Chief Executive, Jane Grant.</p> <p>The RMP identifies Tracey Gillies, Medical Director, as the officer with senior management responsibility for records management within NHSFV.</p> <p>This is confirmed by Mrs Grant in the Policy Statement (evidence 1.1). The Policy Statement also highlights NHSFV's commitment to complying with relevant legislative requirements and also to best practice records management procedures. The Policy Statement also goes on to state that, ultimately, Mrs Grant is responsible for the management of records and that she fully supports the provisions set out in</p>

			<p>the RMP. The Policy Statement also states that it covers both administrative and health records. It is signed by Mrs Grant.</p> <p>An extract from the draft minutes of a meeting of the NHSFV Board held on 26 January 2016 (evidence 1.2) also confirms the appointment of Miss Gillies as the senior responsible officer and also approved the RMP itself. The minutes also support the work required to achieve compliance with the 14 Elements. The Keeper commends this commitment.</p> <p>The Keeper agrees that an appropriate individual has been identified to take senior management responsibility for records management as required by the Public Records (Scotland) Act 2011.</p>
<p>2. Records Manager <i>Compulsory element</i></p>	<p>G</p>	<p>G</p>	<p>The RMP identifies Elaine Vanhegan, Head of Performance and Governance, as having operational responsibility for records management within NHSFV. She will be provided with technical advice and experience by Deirdre Coyle, Head of Information Governance.</p> <p>These appointments have been confirmed in the Policy Statement (evidence 1.1) which is signed by the Chief Executive, Jane Grant.</p> <p>An extract from the draft minutes of a meeting of the NHSFV Board held on 26 January 2016 (evidence 1.2) also confirms the appointment of Ms Vanhegan to this role and the provision of support by Ms Coyle.</p> <p>The RMP states that further support will be provided by a representative from each Directorate. This is confirmed under Objective 1 in the Records Management Improvement Plan (evidence 2.2). The 'Future Developments' section of the Element states that job statements need to be created for the nominated individuals in each area. The Keeper commends the creation of local records management champions in order to spread best practice across the organisation and would be</p>

			<p>interested to see a sample job statement for the local champion.</p> <p>The Keeper agrees that an appropriate individual (Ms Vanhegan) has been identified to take day-to-day responsibility for records management as required by the Public Records (Scotland) Act 2011.</p>
<p>3. Policy <i>Compulsory element</i></p>	<p>G</p>	<p>G</p>	<p>NHSFV has submitted its Corporate Records Management Policy (evidence 3.2). This is version 2.01 and was updated and approved on 25 February 2016.</p> <p>The Policy sets out NHSFV’s approach to managing its corporate records, including financial, personnel and estates records. The Policy outlines the objectives and how it intends to implement these and shows a commitment to staff training. The responsibilities of key members of staff are also described. It also states that the Policy is available on NHSFV’s intranet. A screenshot of NHSFV’s intranet site has been submitted (evidence 3.5) showing where the Policy sits on the intranet.</p> <p>Also submitted is the Health Records Management Policy, version 2.1, dated 10 February 2016 (evidence 3.3). This covers NHSFV’s management of clinical records. The Policy outlines the legislative requirements around the management of clinical records, the procedures in place for the management of health records at various stages of their lifecycle, staff responsibilities and a commitment to training to ensure that staff are aware of what they need to do. A screenshot has been submitted showing the location of the Policy on NHSFV’s intranet (evidence 3.6). The Policy has also been published on NHSFV’s website.</p> <p>These Policies are endorsed and supported by a statement from the Chief Executive (evidence 1.1). The Policies are available throughout the organisation and senior management teams are responsible for their dissemination and implementation at a local level.</p> <p>An extract from the draft minutes of a meeting of the NHSFV Board held on 26</p>

			<p>January 2016 (evidence 1.2) also supports the work required to achieve compliance with the 14 Elements.</p> <p>The Keeper agrees that NHSFV have policies in place which show its commitment to achieving best practice records management and that staff are able to access these policies and are therefore aware of their records management responsibilities.</p>
4. Business Classification	A	G	<p>NHSFV does not have an operational Business Classification Scheme (BCS) at present but it recognises the importance of one as forming the foundation of records management within the authority. The BCS will be based on that of NHS Scotland. The RMP states that this will be developed and implemented in partnership with local business areas. The Keeper commends this approach which should strengthen the BCS and encourage ‘buy-in’ from units.</p> <p>NHSFV has submitted its Records Management Improvement Plan (evidence 2.2) which further outlines its commitment to developing a BCS. The ‘Future Developments’ section of this Element also shows that NHSFV intends to develop an Information Asset Register.</p> <p>NHSFV has established a Records Management Plan Implementation Working Group. The Group’s Terms of Reference (evidence 4.2) states that the group, whose membership consists of representatives from business areas across NHSFV, will meet on a bi-monthly basis at a minimum and one of its key objectives is to ensure ‘Appropriate process in place to support both the implementation and post-implementation and review of the Business Classification Scheme (BCS)’. The Group reports to the Chief Executive’s Operational Group and the Information Governance Group. The notes from the Group’s meeting on 29 June 2016 (evidence 4.3) have been submitted showing that the NHSFV intends to prioritise the creation of a BCS with a draft BCS to be created and trialled between September 2016 and March 2017. Roll-out to the rest of the organisation will start in April 2017. The Keeper would be</p>

			<p>interested to know the results of the pilot and thereafter the plans to roll this out to the rest of the organisation.</p> <p>Also submitted as evidence is a High Level Implementation Plan for actions up to December 2017 (evidence 4.4). This is supported by an Implementation Schedule up to December 2016 (evidence 4.5), showing the actions that need to be taken, who they are assigned to and the timescales involved. The Keeper commends this as an effective way of tracking progress on specific areas of work. A workflow showing the Governance Structure (evidence 4.6) has also been submitted.</p> <p>The Keeper can agree this Element on an ‘improvement model’ basis. This means that the authority has identified a gap in provision (lack of an operational BCS) and has evidenced a commitment to closing the gap. This agreement is conditional on the basis that the Keeper is kept informed of the project’s progress.</p>
5. Retention schedule	A	G	<p>NHSFV uses the retention schedules included in the Scottish Government Records Management: NHS Code of Practice (Scotland) 2012 version 2.1 (evidence 5.1) as the basis for deciding the retention and disposal actions for the records it creates and manages. This document provides records management guidance to NHS bodies and the Annexes provided detailed retention schedules for both Health and Corporate records.</p> <p>The Health and Corporate Records Management Policies are based on the Code of Practice. Also submitted is the Financial Operating Procedures, FOP 13 Records Management, version 2.1 dated 7 July 2016 (evidence 5.4) which sets out the records management principles which staff are expected to follow and outlines the legislative and regulatory background. This is available to staff on NHSFV’s intranet (evidence 5.8).</p>

			<p>The 'Latest Developments' section of this Element states that retention schedules and associated procedures will be developed on a Departmental or Directorate basis and that procedures will be created for managing records selected for permanent preservation. One of the key objectives included in the Terms of Reference of NHSFV's RMP Implementation Working Group (evidence 4.2) is to ensure that 'Appropriate mechanisms are in place to ensure that NHS Forth Valley records are retained for a minimum period of time for legal, operational, research and safety reasons and are appropriately disposed once no longer required.' The RMP Implementation Plan (High Level) (evidence 4.4) indicates that work to implement retention schedules and procedures in each Directorate will commence in November 2016. The Keeper requests that he is kept informed of the progress of this project.</p> <p>Objective 4.1 of the Records Management Improvement Plan (evidence 2.2) states that NHSFV is committed to ensuring that Directorate corporate records are identified and included in its Document Storage, Retention and Disposal Policy. The Keeper requests sight of this Policy once it has been finalised and approved.</p> <p>The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified an area for improvement (lack of organisation wide retention schedules and identifying records to be selected for permanent preservation) and has provided evidence showing a commitment to closing the gap in provision. As part of this agreement, the Keeper will need to be kept informed of progress in this area.</p>
<p>6. Destruction Arrangements <i>Compulsory element</i></p>	<p>A</p>	<p>A</p>	<p>The RMP states that NHSFV uses the guidance on the disposal of records in the Scottish Government Records Management: NHS Code of Practice (Scotland) 2012 version 2.1 (pages 25-27) (evidence 5.1) as the basis for its procedures.</p> <p>Paper</p>

			<p>Section 4.2 (page 10) of the Waste Disposal Policy contains a brief description of the process for disposing of paper confidential waste. Waste sacks are secured by staff and these are uplifted by Facilities staff. These are then sent for disposal and recycling with a certificate being provided as evidence of this. The ‘Future Developments’ section of the Element states that this description needs to be expanded. The Keeper requests that he is sent an updated version when this has been finalised. A sample destruction certificate (evidence 6.2) has been supplied showing that procedures are operational.</p> <p>Appendix D to the Information Security Policy (evidence 8.1) relates to the Transportation and Handling of Confidential and Sensitive Information. Sections 2.8-2.10 of this guidance outlines the procedures that are in place to ensure the secure destruction of confidential paper records.</p> <p>NHSFV has submitted an email from its commercial storage provider, Restore, showing the procedures in place for the destruction of records stored there (evidence 6.7). The provider maintains a database of those records that have been destroyed and certificates confirming this are then sent to NHSFV.</p> <p><u>Electronic</u> The RMP states that there is a recognition across NHSScotland that there are issues surrounding the deletion of electronic records on new and legacy electronic systems. NHSFV are currently awaiting national guidance in order to be able to tackle this issue. The Terms of Reference of the RMP Implementation Working Group (evidence 4.2) states that one of its objectives is to ensure that ‘Appropriate mechanisms are in place to ensure that NHS Forth Valley records are retained for a minimum period of time for legal, operational, research and safety reasons and are appropriately disposed once no longer required’. The development of destruction protocols and procedures for all formats of records forms a part of the High Level</p>
--	--	--	---

			<p>Implementation Plan (evidence 4.4). The Keeper requests sight of these once completed.</p> <p><u>Hardware</u> NHSFV has submitted its Destruction of ICT Equipment Policy (evidence 6.3) which explains the processes in place for ensuring the secure destruction of obsolete hardware. It lists the various types of devices that are used and the measures in place to remove any records or data from these media. The Policy also mentions the necessity of employing a contractor and the required standards. NHSFV have submitted a destruction certificate from a commercial provider showing that the procedures for the destruction of obsolete hardware are operational (evidence 6.5). NHSFV also maintain a spreadsheet of destroyed hardware (evidence 6.6). A signed certificate confirming the handover of hardware for destruction to the contractor has been provided (evidence 6.8). A serial number report also shows the ultimate destruction of different types of hardware (evidence 6.16).</p> <p><u>Back-ups</u> NHSFV has supplied two back-up strategy documents (evidence 6.13 and 6.14) which detail the retention periods for back-ups. Daily back-ups are kept for a period of two weeks, and weekly and full monthly back-ups are retained for 12 months.</p> <p><u>Emails</u> The RMP states that NHSFV is currently in the process of reviewing the retention arrangements for emails. The Keeper would be interested in hearing about the results of this review.</p> <p>The Keeper can agree this Element on an ‘improvement model’ basis. This means that the authority has identified a gap in provision (destruction of electronic records) and has identified how it intends to close the gap. As part of this agreement the Keeper will need to be kept informed of the progress of</p>
--	--	--	---

<p>7. Archiving and Transfer <i>Compulsory element</i></p>	<p>A</p>	<p>A</p>	<p>work to close this gap.</p> <p>The RMP states that records selected for permanent preservation are transferred to University of Stirling Archives. The Keeper considers the University of Stirling Archives to be an appropriate place of deposit for records.</p> <p>Evidence of this arrangement has been provided in the form of a document titled Archiving Arrangements with Stirling University (evidence 7.1). This shows that a transfer of historical records from the Forth Valley area to the University of Stirling Archive took place in April 2012 and is signed by the University Archivist. This document is accompanied by a list of records received by the University Archive (evidence 7.2).</p> <p>NHSFV has submitted a Data Processing Agreement between NHSFV and University of Stirling Archives (evidence 7.9). This Agreement relates to the processing of data included in a transfer of historical records from various hospitals in the NHSFV area to the Archive in 2012. The Keeper commends this approach to historical records of national significance, however he will need to see evidence of an agreement between NHSFV and an archive service which shows a commitment to transfer records selected for permanent preservation to a suitable archive on an on-going basis rather than a one-off transfer similar to that which took place in 2012. The High Level Implementation Plan (evidence 4.4) states that one of the objectives is to develop a procedure for archiving and transfer of records and an arrangement with an appropriate archive by the end of September 2016. The Keeper requests that he is sent evidence of this once completed. Also submitted as evidence under this Element are arrangements with commercial storage firms (evidence 5.11 and 6.15). The Keeper does not consider the provision of storage space to equate to archiving as the commercial providers do not provide access to records for researchers or conservation treatment where required.</p>
--	-----------------	-----------------	---

			<p>The Keeper can agree this Element on an ‘Improvement Model’ basis as NHSFV has identified University of Stirling Archives as its place of deposit and has previously deposited historical records there, albeit as a one-off transfer. Both bodies have entered into a Data Processing Agreement regarding this transfer which took place in 2012. The Keeper commends this consideration of historical records but does not consider this to be evidence of a longer-term agreement between NHSFV and University of Stirling Archives for the permanent preservation of records identified in NHSFV’s retention schedules. The Keeper will need to see evidence of such an agreement showing that the Archive has indicated that it is happy to take archival records from NHSFV at the appropriate time on an on-going basis. The Keeper therefore requests that NHSFV begins negotiations with University of Stirling Archives as soon as practicably possible regarding the development of such an agreement. The Keeper will expect to receive a copy of this agreement by the end of February 2017. Should this not be forthcoming the Keeper may re-consider his agreement of this Element and as archiving is specifically mentioned in the Public Records (Scotland) Act 2011 he may re-consider his agreement of the RMP.</p>
<p>8. Information Security <i>Compulsory element</i></p>	<p>G</p>	<p>G</p>	<p>NHSFV has submitted its Information Security Policy, version 5.09 (evidence 8.1). It was due for review in March 2016, when the RMP is undergoing assessment. The Keeper would appreciate being sent an updated version of the Policy once it has been approved so that he can keep this submission up-to-date. This Policy sets out NHSFV’s approach to information security, defining the scope and responsibilities of staff.</p> <p>Appendix B of the Policy details how access to NHSFV systems is controlled. It contains information on password management, the use of mobile devices and the responsibility of staff for conforming to relevant legislation, codes of practice and also templates of the forms staff have to complete to access systems.</p>

			<p>Appendix C is NHSFV's Data Breach Policy which describes the procedures in place for identifying and reporting a breach.</p> <p>Appendix D to the Policy relates to the Transportation and Handling of Confidential and Sensitive Information. This covers the sending of confidential information by email, fax, telephone and by post. Sections 2.8-2.10 of this guidance covers the secure destruction of confidential paper records.</p> <p>NHSFV has also submitted its Email Acceptable Use Policy (evidence 8.2). This Policy is currently undergoing review, in the period when the RMP is undergoing assessment. The Keeper would appreciate being sent an updated version of the Policy once it has been approved so that he can keep this submission up-to-date. It outlines the steps that staff are expected to undertake when using email systems.</p> <p>Also provided is the Internet Acceptable Use Policy (evidence 8.3) which details NHSFV's expectations on staff using the internet. This Policy is currently undergoing review, in the period when the RMP is undergoing assessment. The Keeper would appreciate being sent an updated version of the Policy once it has been approved so that he can keep this submission up-to-date.</p> <p>NHSFV has also provided its Moveable Media Acceptable Use Policy (evidence 8.4) which provides staff with guidance when working on mobile devices. Appendix 2 of this Policy contains rules for confidentiality, security, storage of information. This Policy is currently undergoing review, in the period when the RMP is undergoing assessment. The Keeper would appreciate being sent an updated version of the Policy once it has been approved so that he can keep this submission up-to-date. This is supported by the Information Governance Remote Working Guidance document (evidence 8.5).</p>
--	--	--	--

			<p>Also submitted is the ICT Information Security Incident Reporting Procedure, version 1.1, July 2016 (evidence 8.6), which covers the identification and reporting of security incidents.</p> <p>NHSFV has also submitted its ICT Infrastructure Security Policy (evidence 8.7) which also governs the access required by third parties to NHSFV systems.</p> <p>A screenshot has been supplied (evidence 8.8) of the mandatory learning that new staff have to undertake, which includes Data Protection and Safe Information Handling.</p> <p>Also submitted is a list of Information Governance training dates for NHSFV staff (evidence 8.9). The Keeper commends this commitment to staff training and would be interested to know what format this training takes and, if possible, see a sample of it.</p> <p>NHSFV have submitted a screenshot showing the location of these policies on the intranet (evidence 8.11). Also submitted as evidence is a sample showing the Learnpro system which shows the training available to staff (evidence 8.10). This contains a section on Information Governance containing modules on Data Protection, Safe Information Handling and Information Handling in Practice. The Keeper commends this commitment to staff training.</p> <p>The Keeper agrees that NHSFV has robust procedures in place to protect the information it creates and manages and that staff are provided with access to appropriate training.</p>
9. Data Protection	G	G	<p>NHSFV have submitted their Data Protection and Confidentiality Policy (evidence 9.1). This is version 5.08 and is due for review in October 2018. This Policy sets out the organisational approach to Data Protection and outlines the roles and responsibilities for complying with the Policy. It also contains a number of</p>

			<p>appendices, including template confidentiality statements, sample wording for contracts, data protection agreements with third parties, sample of agreements for transferring personal data out-with the European Economic Area, and the various pieces of legislation and codes of practice that staff are required to be aware of. The Policy is published on NHSFV’s website. The Keeper commends the sharing of important policies with stakeholders. NHSFV has submitted a screenshot showing the location of the Data Protection and Confidentiality Policy on its intranet site (evidence 9.9).</p> <p>The RMP states that all NHSFV staff are required to comply with the NHS Code of Practice on Protecting Patient Confidentiality.</p> <p>NHSFV is registered as a Data Controller with the Information Commissioner’s Office (registration number Z6175671). The registration certificate has been submitted as evidence 9.2).</p> <p>NHSFV has also supplied its Privacy Policy (evidence 9.3). In addition to this a template Subject Access Request form (evidence 9.4) has been provided. These have both been published on NHSFV’s website. The Keeper commends this outward-facing approach.</p> <p>Also submitted is the Data Protection Subject Access Section 29(3) and Access to Health Records Procedure (evidence 9.5) which explains to staff how to respond to Subject Access Requests.</p> <p>NHSFV has also provided the job description of the Information Governance Team Leader (evidence 9.6) which shows a clear responsibility for Data Protection and also for the provision of training to staff.</p> <p>A screenshot has been supplied (evidence 8.8) of the mandatory learning that new</p>
--	--	--	--

			<p>staff have to undertake, which includes Data Protection. Also submitted is a list of Information Governance training dates for NHSFV staff (evidence 8.9). NHSFV has submitted as evidence a sample showing the Learnpro system which shows the training available to staff (evidence 8.10). This includes a section on Information Governance containing modules on Data Protection, Safe Information Handling and Information Handling in Practice. The Keeper commends this commitment to staff training.</p> <p>There are leaflets for patients regarding what their information is used for available in hospitals and also published on the website.</p> <p>The Keeper agrees that NHSFV is aware of its responsibilities under the Data Protection Act 1998, has procedures in place to protect personal information and is committed to providing staff with appropriate training.</p>
<p>10. Business Continuity and Vital Records</p>	<p>G</p>	<p>G</p>	<p>The RMP states that NHSFV has corporate, departmental and site specific business continuity plans. A sample business continuity plan for the Headquarters at Carseview House has been submitted as evidence 10.1. This sets out the procedures for identifying and reporting an incident that is likely to cause disruption to NHSFV's normal business. Section 3.8 of Appendix 1 to this document refers to paper vital records. NHSFV has supplied an extract from the high level Major Emergency Plan showing the procedures in place for ensuring Healthcare Continuity (evidence 10.2). Also supplied is a sample of the site-specific continuity plans (evidence 10.3) and the Continuity Plan for the ICT/eHealth Department (evidence 10.4). NHSFV also have in place a Major Infrastructure Failure Response Plan (evidence 10.5). These Plans are available on NHSFV's intranet and a screenshot (evidence 10.6) has been submitted showing the location of these.</p> <p>The RMP also states that all records and data that is held and managed on NHSFV systems are regularly backed up and procedures are in place to retrieve these when required. NHSFV has provided details of its back-up procedures and the periods for</p>

			<p>which these back-ups are retained prior to destruction/overwriting (evidence 6.13 and 6.14).</p> <p>The 'Future Developments' section of this Element states that NHSFV will develop business continuity plans specifically for records in each department/directorate. The Keeper would be interested to see a sample of one of these once they have been implemented.</p> <p>The Keeper agrees that procedures are in place for NHSFV to be able to resume its business in the event of a disaster and that consideration has been given to vital records.</p>
11. Audit trail	A	G	<p>NHSFV has submitted a document entitled Principles of Audit Trails (evidence 11.1) which aims to provide a baseline standard of audit trail provision for IT systems. This will allow NHSFV to assess the levels of functionality in the different systems they use, to identify security breaches, and also to define the specifications for new systems. Also supplied as evidence is a checklist for Project Managers for all new NHSFV systems and projects (evidence 11.8). This considers issues around the ability to obtain audit trail information from new systems.</p> <p>Also submitted is a screenshot of the Topas Case Tracking System (evidence 11.2). This system is used to track both paper and electronic records. A user guide for the Topas system has been supplied (evidence 11.4). Paper records are stored in locked cabinets or in locked rooms with restricted access. Movement of paper records containing personal or sensitive information is tracked either manually or electronically.</p> <p>All major documents, policies and procedures are subject to version control and must be dated with review dates assigned to them. The RMP High Level Implementation Plan (evidence 4.4) indicates that NHSFV will create and implement audit trail functionality in each Directorate by the end of November</p>

			<p>2016. Similarly, Objective 7.1 of the RM Improvement Plan (evidence 2.2) states that NHSFV will roll out document version control procedures across the organisation. Objective 7.2 shows a commitment to provide procedural guidance and audit trail information for records that contain personal information. Objective 7.3 evidences a commitment to monitor and review the audit trail logs. The Keeper requests that he is kept informed of the progress of this project.</p> <p>NHSFV uses the Fairwarning system which audits clinical system logs to potential breaches. A monitoring report for the first quarter of 2016 has been provided (evidence 11.6) as well as a screenshot informing staff about the system (evidence 11.7). The 'Future Developments' section of the Element states that NHSFV are currently considering the use of the Covalent Performance Management System which has document management functionality and could be used to provide audit trail information which would assist with the timely assessment and review of key policy and procedural documents.</p> <p>The Keeper is able to agree this Element on an 'improvement model' basis. This means that NHSFV has identified a gap in provision (the lack of organisation-wide audit trail provision) and has provided the Keeper with evidence on how it intends to close the gap. As part of this agreement the Keeper will need to be kept informed of progress.</p>
<p>12. Competency Framework for records management staff</p>	<p>A</p>	<p>G</p>	<p>NHSFV has submitted a link to the NHS Scotland Information Governance Competency Framework (evidence 12.1) which sets out the competencies that should appear in staff objectives depending on their role. NHSFV intends to tailor these to fit their own requirements. The High Level Implementation Plan for actions up to December 2017 (evidence 4.4) shows that the identification of key competencies relating to records management and the inclusion of these into job descriptions is one of the objectives identified. The target date for the completion of this is December 2016. The Keeper requests that he is sent the</p>

			<p>job descriptions of the individuals identified in Element 2 once these have been finalised.</p> <p>The RMP also states HNSFV’s commitment to providing training staff on their induction to the organisation. They are required to complete online training on information governance and information security. A screenshot of this training has been provided to the Keeper (evidence 8.8). The ‘Future Developments’ section of this Element states the commitment to developing similar training in records management to staff in all departments/Directorates. The Keeper commends this commitment to providing staff with the skills required to fulfil their responsibilities.</p> <p>The Keeper is able to agree this Element on an ‘improvement model’ basis. This means that the authority has identified a gap in provision (the inclusion of records management competencies into the job descriptions of relevant staff and the rolling out of records management training) and has committed to closing this gap. As part of this agreement, the Keeper requests that he is kept informed of progress in this area.</p>
<p>13. Assessment and Review</p>	<p>A</p>	<p>G</p>	<p>The RMP states that the Head of Performance and Governance and the Head of Information Governance (see Element 2) are responsible for reviewing the RMP on a regular basis and reporting progress on an annual basis to the Corporate Management Team.</p> <p>The Public Records (Scotland) Act 2011 is a standing item on the agenda of the Information Governance Group. This Group reports to the Clinical Governance Committee which in turn reports to the NHSFV Board. The Agenda (evidence 13.1) and Minutes (evidence 13.2) don’t specifically mention the Act but do make reference to records management and information governance. Also submitted as evidence are the minutes of the Health Records Committee (evidence 13.3) which shows that records management is discussed at this level, as well as issues such as confidential waste.</p>

			<p>The annual report produced by the Information Governance Group for 2014/15 has also been submitted (evidence 13.4). It includes issues such as training, Data Protection, Freedom of Information and Information Security.</p> <p>The RMP has provided details on who will carry out the reviews and how often and to whom progress is reported. The High Level Implementation Plan for actions up to December 2017 (evidence 4.4) includes investigating options for measuring compliance with its RMP and records management systems. The Action Plan states that NHSFV will investigate ARMS as a tool for undertaking this and will develop a self-assessment mechanism. This work is estimated to be completed by June 2017. The Keeper looks forward to being informed of the results of this project.</p> <p>The RMP Implementation Working Group also reports to the Chief Executive’s Operational Group, the Corporate Management team and to the Board as per the Governance Structure (evidence 4.6). The response also states that the Director of Finance has approved the inclusion of a full review of the RMP into the internal auditors programme for 2017/18. Any recommendations from the audit will be taken forward where necessary. The Keeper commends the use of internal auditors in assessing an authority’s compliance with its records management provisions.</p> <p>The Keeper is able to agree this Element on an ‘improvement model’ basis. This means that the authority has identified a gap in provision (the lack of a mechanism for measuring compliance with RMP) and has committed to closing this gap. As part of this agreement, the Keeper requests that he is kept informed of progress in this area.</p>
14. Shared Information	G	G	<p>The RMP states that NHS Scotland undertakes information sharing on a routine basis in line with the Data Protection Act 1998 and subject to an appropriate risk assessment. NHSFV uses other NHS hospitals and is satisfied that these hospitals</p>

			<p>undertake records management to the same standard as they do. These hospitals will be covered by the records management requirements of the relevant health boards who will also be subject to the Public Records (Scotland) Act 2011.</p> <p>NHSFV has entered into a data sharing agreement using the Scottish Accord for the Sharing of Personal Information (SASPI). Their partners in this accord are Falkirk, Stirling and Clackmannanshire Councils, Central Scotland Fire and Rescue Service and Central Scotland Police. A copy of the Accord has been submitted as evidence 14.1 and is dated February 2013. It is due for review before February 2017. The Keeper requests a copy of the revised Accord once it has been approved in order to keep the submission up-to-date.</p> <p>NHSFV has also submitted a template Information Sharing Protocol (evidence 14.3) for when it enters into a specific partnership for the purpose of sharing information. This process is supported by using the SASPI Guidance on developing a Protocol (evidence 14.2).</p> <p>Also submitted is the Terms of Reference for NHSFV and Local Authorities Data Sharing Partnership (evidence 14.4). As part of the Health and Social Care agenda, Integration Joint Boards have been created between NHS territorial boards and local authorities. The aim is to develop and promote the effective and secure sharing of information. The minutes of a meeting of the Partnership held on 22 October 2015 (evidence 14.5) have been submitted.</p> <p>NHSFV also has a Freedom of Information Policy (evidence 14.6) which outlines NHSFV's corporate approach to compliance with the Freedom of Information (Scotland) Act 2002.</p> <p>The Keeper agrees that there are robust procedures in place to allow the secure systematic sharing of information between HNSFV and other public bodies.</p>
--	--	--	--

6. Keeper's Summary

Elements 1-14 that the Keeper considers should be in a public authority records management plan have been properly considered by NHS Forth Valley. Policies and governance structures are in place to implement the actions required by the plan.

Elements that require development by NHS Forth Valley are as follows:

Element 4 - The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified a gap in provision (lack of an operational BCS) and has evidenced a commitment to closing the gap. This agreement is conditional on the basis that the Keeper is kept informed of the project's progress.

Element 5 - The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified an area for improvement (lack of organisation wide retention schedules and identifying records to be selected for permanent preservation) and has provided evidence showing a commitment to closing the gap in provision. As part of this agreement, the Keeper will need to be kept informed of progress in this area.

Element 6 - The Keeper can agree this Element on an 'improvement model' basis. This means that the authority has identified a gap in provision (destruction of electronic records) and has identified how it intends to close the gap. As part of this agreement the Keeper will need to be kept informed of the progress of work to close this gap.

Element 7 - The Keeper can agree this Element on an 'improvement model' basis. The Keeper will need to see evidence of an agreement showing that an appropriate Archive has indicated that it is happy to take archival records from NHS Forth Valley at the appropriate time on an on-going basis. The Keeper therefore requests that NHS Forth Valley begins negotiations with University of Stirling Archives, or another archive service, as soon as practicably possible regarding the development of such an agreement. The Keeper will expect to receive a copy of this agreement by the end of February 2017. Should this not be forthcoming the Keeper may re-consider his agreement of this Element and as archiving is specifically mentioned in the Public Records (Scotland) Act 2011 he may re-consider his agreement of the RMP.

Element 11 - The Keeper is able to agree this Element on an ‘improvement model’ basis. This means that NHS Forth Valley has identified a gap in provision (the lack of organisation-wide audit trail provision) and has provided the Keeper with evidence on how it intends to close the gap. As part of this agreement the Keeper will need to be kept informed of progress.

Element 12 - The Keeper is able to agree this Element on an ‘improvement model’ basis. This means that the authority has identified a gap in provision (the inclusion of records management competencies into the job descriptions of relevant staff and the rolling out of records management training) and has committed to closing this gap. As part of this agreement, the Keeper requests that he is kept informed of progress in this area.

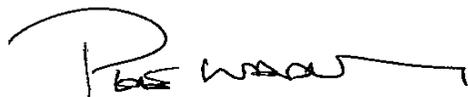
Element 13 - The Keeper is able to agree this Element on an ‘improvement model’ basis. This means that the authority has identified a gap in provision (the lack of a mechanism for measuring compliance with RMP) and has committed to closing this gap. As part of this agreement, the Keeper requests that he is kept informed of progress in this area.

7. Keeper’s Determination

Based on the assessment process detailed above, the Keeper agrees the RMP of NHS Forth Valley.

The Keeper recommends that NHS Forth Valley should publish its agreed RMP as an example of good practice within the authority and the sector.

This report follows the Keeper’s assessment carried out by,



.....
Pete Wadley
Public Records Officer



.....
Robert Fotheringham
Public Records Officer

8. Endorsement of Report by the Keeper of the Records of Scotland

The report has been examined and is endorsed under the signature of the Keeper of the Records of Scotland as proof of compliance under section 1 of the Public Records (Scotland) Act 2011, and confirms formal agreement by the Keeper of the RMP as submitted by NHS Forth Valley. In agreeing this RMP, the Keeper expects NHS Forth Valley to fully implement the agreed RMP and meet its obligations under the Act.



.....
Tim Ellis
Keeper of the Records of Scotland